ASSOCIATION of MIDWIVES of NEWFOUNDLAND & LABRADOR

Newsletter No. 51, March 2010

Association of Midwives of Newfoundland and Labrador
(Chapters in Goose Bay and St. John's)
Newsletter 51
March 2010

MISSION STATEMENT
To provide opportunities for information sharing between midwives and to promote the profession of midwifery and the need for appropriate legislation so that midwives in Newfoundland and Labrador are publicly funded to provide evidence-based midwifery care for childbearing families in this province. (2005)

This Newsletter is short as the Annual General Meeting is being held on April 12, so a summary of this will be reported in the June newsletter. The annual Publicity report is in this Newsletter. Also included are a few items in which you may be interested.

Prior to the AGM, **nominations are required for executive positions. Self-nominations accepted.** Please contact Lorraine Burridge with your nominations, for any of the executive positions. Lorraine.Burridge@easternhealth.ca

Thank you Susan McPhee for your information regarding midwifery in Australia.

Is this your last Newsletter? AMNL membership fees for 2010 were due in January. A membership form for 2010 is at the back of this Newsletter. AMNL membership is $20.00 and add $55.00 for optional CAM membership. If you know of any midwives, or others, who may be interested in joining for just $20.00, please give them an application form.

The Newsletter editor welcomes midwifery news items. Those who submit items are responsible for obtaining permission to publish in our Newsletter. The Editor does not accept this responsibility. Items for the next Newsletter should be submitted by the middle of May. Reports of meetings and conferences related to maternity/obstetric care would be welcomed.

Pearl Herbert, Editor, (pherbert@mun.ca)

AMNL Annual General Meeting,
Monday, April 12, 2010 at 4:00 p.m. (Island time)
In St. John's the conference call will be taken at Telemedicine/PDCS, HSC.
(The call may be taken at other locations around the province, including at home, but please share a phone line if there are two or more people calling from the same community. Contact Pearl Herbert for the Pass Code.)

International Day of the Midwife, May 5

World Breastfeeding Week August 1-7, 2010
Breastfeeding Just 10 Steps the Baby Friendly Way

Canadian Association of Midwives
Annual General Meeting and Conference October 6-8, 2010
The Place of Birth

Executive Committee

President: Karene Tweedie, CNS, Rm.1017, Southcott Hall, 100 Forest Road, St. John's, NL
Secretary: Karene Tweedie
Minute Recorder: Susan Felsberg
Treasurer: Pamela Browne
Cosigner: Susan Felsberg
CAM representative: Kay Matthews
Past President: Kay Matthews
Newsletter Editor: Pearl Herbert
Web page: http://www.ucs.mun.ca/~pherbert/
Newsletter in HSLibrary: WQ 160 N457n

Midwifery Regulation

Since the repealing of the old Midwives' Act in December 2008 there have been two changes of Ministers of Health and Community Services (Mr. Wiseman, to Mr. Oram, and now Mr. Kennedy). In November 2009 our President received an invitation to participate in a consultation discussion concerning the umbrella legislation. "The Department of Health and Community Services has been researching legislative models for 'umbrella legislation' to govern a number of health professions that may request regulation. Our goal is to construct a statute that governs a number of health professions as opposed to stand-alone statutes for individual professions." There will be no Midwives Act. In the January 2010 AMNL Newsletter, the process taken to enable AMNL to submit feedback to the *Umbrella Legislation Discussion Paper* and to another questionnaire regarding *Occupation Seeking Regulatory Status* was described. The plan is for the umbrella legislation to come before the House of Assembly this Spring, and then the 14 non-regulated professions listed may develop their regulations to fit into this umbrella legislation. At the time of this Newsletter, there is no further news.

AMNL Publicity Report 2009/2010 - Submitted by Pearl Herbert

Newsletter

"Association journals are one of the major benefits of membership. Journals represent the lifeblood of an organization, and can be a vital and dynamic forum for the transfer of knowledge and ideas." *Canadian Journal of Public Health, 95*(1), 69. (January/February 2004).

Since the last Annual General Meeting, the AMNL Newsletters for March 2009, June 2009, September 2009, and January 2010 were sent electronically to AMNL members and to the Canadian Association of Midwives office. Paper copies of the four issues were placed in the reference binder in the Health Sciences Library. When applicable the Newsletter is sent to Government officials and to our supporters.

At the AMNL 2005 Annual General Meeting it was agreed that Newsletters would be sent in the PDF format, and the AMNL membership fee would be reduced. For those members who were unable to receive Newsletters in this format, paper copies would be given. Members in Labrador were to contact Pamela Browne (Treasurer) and those on the Island were to contact Pearl Herbert (Editor) if they were unable to access the Newsletter. Members who changed their e-mail address were to advise Pearl Herbert. It was also decided that the Newsletter would only contain items pertaining to midwifery.

There are some extra copies of the Newsletter which have accrued over the years, and these have been used as promotional material, including a few copies remaining from the 'Alliance' days. If anybody would like these please contact Pearl.

Web Page

The AMNL web site is continued for students and others interested in midwifery information. It is very basic but it is visited by a variety of people. They have been using the information on the web site and contacting Pearl via the mail box displayed. The counter is still not functioning. The MUN Internet is relatively safe and free from pop-up advertisements.

E-mail Messages

Electronic mail is a quick way of notifying members of items of possible interest which appear in the media or are gleaned from other sources.

Conference Calls

The Annual General Meeting in March 2009 and general meetings in September 2009, and January 2010 were held by conference calls between Happy Valley-Goose Bay (HVGB) and St. John's. If members from other locations want to attend let Pearl know. We have about four lines and a studio donated for these in-province conference calls.

Radio Interview - I do not know of any interviews of AMNL members.

Interviews for Articles and Newspapers

No information of any such interviews.

<u>Canadian Association of Midwives</u> (January 20, 2010)
MIDWIFERY CARE AND NORMAL BIRTH

Recent policy statements by maternity care provider organizations in Canada, as well as the United Kingdom, have promoted normal childbirth and recommended a number of system changes and best practices to support the normal labour and birth process.[1, 2] Underlying these statements are concerns about unprecedented rates of technological and surgical intervention in childbirth, the use of caesarean section without medical indication, and the health and social consequences that may accrue if current trends continue.

The Canadian Association of Midwives (CAM) welcomes these important collaborative initiatives toward reducing unnecessary intervention and restoring confidence in the physiologic process of childbirth. CAM also welcomes ongoing discussion about the parameters of normal labour and birth, the attitudes and beliefs that influence maternity care practices, and the actions needed to promote, protect and support normal childbirth as a healthy and meaningful event in women's lives.[3]

CAM believes that midwives are making a vital contribution to interdisciplinary efforts to promote normal birth and decrease the anxiety that often surrounds maternity care today. Trust in the normal childbirth process is fundamental to the philosophy and practice of midwifery, the language midwives speak and the care they provide to women. Midwifery education includes the development of specific skills and clinical practices that facilitate normal, undisturbed labour progress and spontaneous delivery through the efforts of the mother, without routine use of drugs and interventions. For midwives, the concept of normality rests on the physiology of labour and the capacity of women to give birth with their own power.

A 2008 Cochrane review of midwifery-led models of care in developed countries concludes that women attended by midwives are consistently more likely to labour without major intervention and analgesia or anaesthesia, and more likely to experience a spontaneous vaginal birth.[4] Recent research in Canada also indicates that when midwives are well integrated into the health care system, midwife-attended births, both at home and in hospital, involve significantly lower rates of intervention and, at the same time, very low rates of maternal and neonatal/perinatal morbidity and mortality.[5, 6] Midwives moreover seem to achieve similar normal birth outcomes with women across the socio-economic spectrum, in rural and remote settings as well as large urban centres.

Integral to the Canadian midwifery model are the standards and best practices that support physiologic birth and optimize women's childbirth experiences. Some of the essential components of this model of care include:

- Providing continuity of care to build trust and partnership with the woman
- Sharing information and offering choices, including the choice of birthplace
- Actively supporting client decision-making and autonomy
- Allowing adequate time for discussion of individual needs and concerns
- Preparing women for the realities of labour while anticipating a normal birth
- Creating a calm and intimate birth environment
- Providing a familiar presence and continuous support during active labour
- Using non-pharmacologic methods to help women work with normal labour pain
- Encouraging free movement and instinctual behaviour in labour
- Encouraging fluid intake and nourishment as needed
- Encouraging spontaneous second stage "pushing" in the woman's preferred position
- Supporting early labour at home as appropriate
- Supporting birth at home or in a birthing centre as appropriate

Qualitative research suggests that there are subtleties in the midwifery care process that "tap into the woman's personal strengths" and that women experience as empowering.[7] According to Rooks, one of the underlying goals of midwifery is inspiring women's confidence in their own abilities in pregnancy, birth and motherhood.[8] Taken together, the characteristics of midwifery care seem to create optimal conditions for the intricately-balanced process of birth to unfold – conditions in which women feel reassured, safe and supported to labour as they wish. As a result the need for intervention and pharmacological pain relief is often reduced.

While models of care that support normal birth are not exclusive to any profession, midwives have a body of expertise that is essential to creating a normal birth culture. Changing attitudes and developing practices to support physiologic childbirth require leadership and mentoring from all maternity care providers who understand and can articulate the value, meaning and transformative power of giving birth normally. Midwives in Canada look forward to continuing collaboration and interdisciplinary initiatives to make normal childbirth a common reality.

References

1. Society of Obstetricians and Gynecologists of Canada. *Joint Policy Statement on Normal Childbirth.* JOGC 30(12); December 2008. Available at: http://www.sogc.org/guidelines/documents/gui221PS0812.pdf
2. Royal College of Midwives, Royal College of Obstetricians and Gynecologists, National Childbirth Trust. *Making Normal Birth a Reality: Consensus Statement from the Maternity Care Working Party.* 2007. Available at: http://www.rcog.org.uk/womens-health/clinical-guidance/making-normal-birth-reality

3. Young D. *What is normal childbirth and do we need more statements about it?* Birth 36(1); March 2009
4. Hatem M, Sandall J, Devane D, Soltani H, Gates S. *Midwife-led versus other models of care for childbearing women (Review).* Cochrane Database of Systematic Reviews, Issue 4, 2008
5. Janssen P, Saxell L, Page L, Klein M, Liston R, Lee, SK. *Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician.* CMAJ 181; September 15, 2009
6. Hutton E, Reitsma A. *Outcomes associated with planned home and planned hospital births in low-risk women attended by midwives in Ontario, Canada, 2003-2006: A retrospective cohort study.* Birth 36(3); September 2009
7. Kennedy HP, Shannon M. *Keeping birth normal: Research findings on midwifery care during childbirth.* JOGNN 33(5); 2004
8. Rooks J. *Midwifery and childbirth in America: The past, present, and potential role of midwives*. Philadelphia: Temple University Press; 1997

If you have any questions the CAM email address is: cam_acsf@bellnet.ca

May 5 the International Day of the Midwife is an occasion for every individual midwife to think about the many others in the profession, to make new contacts within and outside midwifery, and to widen the knowledge of what midwives do for the world. In the years leading up to 2015, the International Confederation of Midwives (ICM) will use the overarching theme ***The World Needs Midwives Today More Than Ever*** as part of an ongoing campaign to highlight the need for midwives. This reflects the WHO call for midwives and the need to accelerate progress towards the UN *Millennium Development Goals Report* (2008).
MDG 4 Target: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.
MDG 5 Target: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
The ICM established the idea of the 'International Day of the Midwife' following suggestions and discussion among member associations in the late 1980s, then launched the initiative formally in 1992. The aim of the day is to celebrate midwifery and to bring awareness of the importance of midwives' work to as many people as possible. This is done in many different ways according to what works best in each country.
http://www.internationalmidwives.org/CongressesEvents/InternationalDayoftheMidwife/tabid/327/Default.aspx
The UK Royal College of Midwives will use IDM 2010 to highlight maternal morbidity, particularly the lack of midwifery skilled professionals.
http://www.rcm.org.uk/college/international/international-day-of-the-midwife/idm-2010/

Breastfeeding
World Breastfeeding week August 1-7, 2010. Breastfeeding Just 10 Steps the Baby Friendly Way.
http://www.worldbreastfeedingweek.org/
Rationale: Health care facilities play a vital role in the establishment of breastfeeding.
The Ten Steps to Successful Breastfeeding provide a supportive pathway enabling women to achieve their breastfeeding intentions and guiding the training of healthcare workers in breastfeeding support.

World Breastfeeding Week this year commemorates the 20th anniversary of the Innocenti Declaration that called for implementation of the Ten Steps in all maternity facilities.
During these 20 years, more than 20,000 maternities, or about 28% of all maternities in the world, have fully implemented the Ten Steps and have been certified by the Baby-friendly Hospital Initiative (BFHI). During this time, rates of exclusive breastfeeding have increased significantly. However, reduced BFHI programming worldwide, inadequate training, and weakened compliance with the Ten Steps in accredited maternities are contributing to stagnant or declining exclusive breastfeeding rates in many settings.
It is time to revisit this approach and to determine where we must go from here.
Objectives: To increase attention to the contribution of the Ten Steps to exclusive breastfeeding. To revitalise activities within health systems, and among healthcare providers and communities to support women to achieve their breastfeeding intentions. To inform people everywhere that protection, promotion and support of breastfeeding are a mother's right, a child's right, and a human right. To enable women and all who care about human rights to fight for healthcare systems which support breastfeeding. To ensure that health workers who care for mothers and babies are adequately trained to counsel and support them in optimal infant feeding.

Breastfeeding in Toronto Promoting Supportive Environments
http://www.toronto.ca/health/breastfeeding/environments_report/index.htm
Over 1500 mothers were surveyed two weeks and six months after giving birth. Toronto birthing hospitals and Toronto Public Health provided information on their breastfeeding policies and practices.

Heymann, J., & Kramer, M. S. (2009). Public policy and breastfeeding: A straightforward and significant solution. *Canadian Journal of Public Health, 100*(5), 381-383.

Kehler, H. L., Chaput, K. H., & Tough, S. C. (2009). Risk factors for cessation of breastfeeding prior to six months postpartum among a community sample of women in Calgary, Alberta. *Canadian Journal of Public Health, 100*(5), 376-380.

Twells, L., & Newhook, L. A. (2010). Can exclusive breastfeeding reduce the likelihood of childhood obesity in some regions of Canada? *Canadian Journal of Public Health, 101*(1), 36-39.
"Exclusive breastfeeding to 3 months was protective of preschool obesity. Obesity is prevalent in preschool children in NL. Exclusive breastfeeding appeared to be a protective factor for obesity in preschoolers. Given the known benefits of breastfeeding and the adverse health consequences of obesity, efforts should be made to increase exclusive breastfeeding which may help to prevent the development of obesity in young children."

Also, see: www.babyfriendlynl.ca

<u>Biliary Atresia</u>
Chitsaz, E., Schreiber, R. A., Collet, J-P., & Kaczorowski, J. (2009). Biliary atresia: The timing needs a changin'. *Canadian Journal of Public Health, 100*(6), 475-477.
Biliary atresia (BA) is the leading cause of liver-related death in children and the most frequent indication for liver implantation in the paediatric population. Early surgery can help to decrease the need for a transplant. The most favourable prognosis is before the baby is 30 days old. After 90 days the prognosis for saving the child's liver is poor. Without treatment the child dies by three years of

age. Babies with BA have a conjugated hyperbilirubinemia. The Canadian Paediatric Society (CPS) recommends that all babies who are jaundiced beyond two weeks of age should have a measurement of total and conjugated bilirubin. The majority of these jaundiced babies could be healthy breastfed babies. The presence of clay-coloured stools has been shown to be a valuable indicator of BA. In Japan the introduction of a 'stool colour card' for use by mothers yielded a 99.9% result for BA. Taiwan introduced the 'stool colour card' and found that diagnosis and surgery prior to 45 days of age was increased and no babies underwent surgery after 90 days old. In Canada there is a need to raise the awareness of parents and health care providers about prolonged newborn jaundice and inform them that jaundice with pale stools is highly indicative or an obstructive type pathologic jaundice. Health care providers should also be informed about the CPS recommendations for bilirubin testing. In most provinces requisition for a serum bilirubin level in babies does not automatically report both conjugated and unconjugated bilirubin fractions. Provincial laboratories should implement the reporting of both the conjugated fraction and the total serum bilirubin on all requests for serum bilirubin levels in babies aged 7 days to 4 months, regardless of whether the conjugated fraction was specifically ordered. Then when the measured conjugated bilirubin fraction is more than 20% of the total bilirubin, the report should include a comment recommending "prompt evaluation to assess for biliary atresia". The introduction of a 'stool colour card' screening program in Canada has the potential to be an effective and inexpensive method to educate families and health care providers about BA and the need for early referral and intervention.

Miscellaneous

Boyle, M. & Bothamley, J. (2009, August/September). Cardiac disorders in pregnancy. *RCM Midwives,* pages 34-36. There is a clear rise in maternal mortality from cardiac causes since the late 1980s.

Boyle, M. & Bothamley, J. (2009, October/November). Cardiac disorders: Care during pregnancy, labour and the puerperium. *RCM Midwives,* pages 36-37.

Cohen, T. R., Plourde, H., & Koski, K. G. (2010). Are Canadian women achieving a fit pregnancy? A pilot study. *Canadian Journal of Public Health, 101*(1). 87-91. "The concept of 'fit pregnancy' is emerging as women are trying to achieve optimal health outcomes for their unborn child and for themselves. Women can attain a 'fit pregnancy' with an appropriate gestational weight gain by balancing energy intake with energy expenditure. Currently there exist dietary, exercise and gestational weight gains guidelines for pregnant women. Physical activity in combination with a well-balanced diet and appropriate gestational weight gain need to become part of the health care provider's message for achieving a 'fit pregnancy'."

Fisher, D. (2009, August/September). Fatherhood: What's it all about? *RCM Midwives,* page 44. The Father's Institute provides information for fathers including pocket-sized Dad cards. For information visit www.fatherhoodinstitute.org/index

From the Spring 2010 ARM *Midwifery Matters*, Issue 124

Shoulder Dystocia

http://www.dailymail.co.uk/news/article-1245926/mother-butchered-like-piece-meat-midwife-botched-home-birth.html

http://www.midwifery.org.uk/shoulders.htm
http://www.aafp.org/afp/2004/0401/p1707.html
http://www.rcog.org.uk/womens-health/clinical-guidance/shoulder-dystocia-green-top-42
http://www.independent.co.uk/life-style/health-and-families/health-news/im-a-midwife-not-a-butcher-says-struckoff-midwife-1906485.htm

How the UK Nursing Midwifery Council 'works'
http://www.midwifery.org.uk/123nmc.htm

Home Birth
http://www.homebirth.org.uk

Some want the Albany Midwifery practice in a poorer district of London to close
http://www.timesonline.co.uk/tol/life_and_style/health/article6965597.ece

Vaginal Birth After Cesarean section (VBAC)
http://www.midwifery.org.uk/vbac.htm
http://www.homebirth.org.uk/vbac.htm
http://www.aims.org.uk/
http://www.rcog.org.uk/womens-health/clinical-guidance/birth-after-previous-caesarean-birth-green-top-45

Australia - Midwifery legislation that provides funding but fails to support autonomous midwifery.
THE HON NICOLA ROXON MP MINISTER FOR HEALTH AND AGEING MEDIA RELEASE - 16 MARCH 2010 A LANDMARK DAY FOR AUSTRALIAN NURSES AND MIDWIVES
Today the Senate has passed historic legislation that provides long deserved recognition of Australia's highly skilled nurses and midwives. These reforms will give nurse practitioners and midwives access to the Medical Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) for the first time. These changes are a key plank in the Rudd Government's health reform plans, funded through the $120.5 million maternity reform package. This reform improves the choices for Australian women to access high quality, safe maternity care as well as providing support for our talented midwives. The legislation will also establish a new Government-supported professional indemnity scheme for eligible midwives. . . .
This legislation is a key part of the Government's workforce strategy which has: Funded over 1000 additional undergraduate nursing and midwifery university places a year; Supported 20 full time equivalent nurse practitioner and 20 midwifery scholarships to build the workforce for the future, with the total Commonwealth health scholarships increasing to over 6000 since 2007.
Nurse practitioners and midwives wishing to provide treatment under Medicare and prescribe medicines under the PBS will need to demonstrate that they meet certain professional eligibility requirements and that they have appropriate collaborative arrangements in place. . . .
March 16, 2010 President of the Australian College of Midwives . . . From 1 November this year, women will be able to choose to see a community midwife, and receive Medicare rebates for their visits to the midwife. The midwives will provide pregnancy and postnatal care in the community, and women may have the option of birth care in hospital from their chosen midwife. The midwives will work with obstetricians, paediatricians, GPs, maternal and child health nurses and others to ensure each woman gets the care that she or her baby needs. . . . [http://www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.r]
March 17: From Health News. It will restrict independent midwives from being in charge of a homebirth and at-risk women from giving birth outside of hospital if their last baby was born too big, they had a caesarean birth or were above a certain age. The law was strongly supported by Andrew Pesce, president of the Australian Medical Association, who said it would ensure stricter safety standards.

ASSOCIATION OF MIDWIVES OF NEWFOUNDLAND and LABRADOR
APPLICATION FOR MEMBERSHIP
2010

Name: _____
(Print) (Surname) (First Name)

All Qualifications: _____

Full Address: _____

_____

Postal code: _____ Telephone No. _____
(home)

Telephone No. _____ Fax No. _____
(work)

E-mail Address: _____

Work Address: _____

_____

Area where working: _____

Retired: _____ Student: _____ Unemployed: _____

List of Organizations of which you are a member (the Association receives requests from various organizations for representatives to review articles, attend conferences, be on committees). Your name would not be forwarded without your consent.

Provincial: _____

National:_____

International: _____

Would be interested in participating in a research project if asked: Yes ____ No _____

For midwives who pay $75.00 ($20.00 AMNL membership fee and $55.00 CAM membership fee):

If you do not agree to your address, postal and Internet, being released to CAM tick here: No release: _____

_____

I wish to be a member of the Association of Midwives and I enclose a cheque/money order from the post office

for: $_____
(Cheques/money orders only (no cash) made payable to the Association of Midwives of Newfoundland and Labrador). Membership and financial year from January 1 to December 31.

To be a member of AMNL and receive the electronic quarterly AMNL newsletter **$20.00**
For AMNL members also to be members of Canadian Association of Midwives (CAM) add **$55.00** (Total **$75.00**)
[$75.00 includes AMNL membership and CAM membership, including the 4-monthly CAM research/practice journal.]
Membership for those who are residing outside of Canada **$20.00.** Correspondence will be by e-mail.

Signed: _____ Date: _____
Return to: Pamela Browne, Treasurer, Box 1028, Stn. C, HVGB, Labrador, NL, A0P 1C0